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## \*BIBDATASHEET\*

Bib Data Sheet

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## APPLICANTS

Adolfo Pinheiro Vide, Donneville, FRANCE;

\*\* CONTINUING DATA \*\*\*\*\* *A.A.* Non L

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *A.A.* Non L

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY FRANCE	SHEETS  DRAWING 7	TOTAL  CLAIMS 96	INDEPENDENT  CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>A.A.</i> Examiner's Signature	<i>A.A.</i> Initials			

## ADDRESS

25920  
MARTINE & PENILLA, LLP  
710 LAKEWAY DRIVE  
SUITE 170  
SUNNYVALE, CA  
94085

## TITLE

Method and system for removal of red eye effects

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 2608		<input type="checkbox"/> 1.16 Fees ( Filing )
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